



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 4363

SERIAL NUMBER 10/689,360	FILING DATE 10/20/2003  RULE	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. PPI 0327 PUS1
-----------------------------	---------------------------------------	--------------	------------------------	---

## APPLICANTS

William C. Young, Superior Township, MI;

Richard C. Darr, Seville, OH;

Dale H. Behm, Palm Springs, CA;

## 9W \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/886,644 06/21/2001 PAT 6,659,299  
which is a CON of 09/502,100 02/10/2000 PAT 6,260,724  
which is a CON of 09/210,318 12/11/1998 ABN  
which is a CON of 08/877,663 06/18/1997 PAT 5,850,931  
which is a CON of 08/631,034 04/18/1996 PAT 5,685,446  
which is a CON of 08/166,460 12/14/1993 ABN  
which is a CON of 07/915,072 07/16/1992 PAT 5,287,978  
which is a CIP of 07/771,636 10/04/1991 PAT 5,139,162  
which is a CON of 07/614,220 11/15/1990 PAT 5,064,080

## 9W \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged  Allowance <i>Sam Weaver</i> Examiner's Signature  <i>SN</i> Initials	MI	3	9	1

## ADDRESS

22045

BROOKS KUSHMAN P.C.

1000 TOWN CENTER

TWENTY-SECOND FLOOR

SOUTHFIELD, MI

48075

## TITLE

Plastic blow molded freestanding container

<p>FILING FEE</p> <p>RECEIVED</p> <p>770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table>	<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees ( Filing )	<input type="checkbox"/>	1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/>	1.18 Fees ( Issue )	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Credit
<input type="checkbox"/>	All Fees													
<input type="checkbox"/>	1.16 Fees ( Filing )													
<input type="checkbox"/>	1.17 Fees ( Processing Ext. of time )													
<input type="checkbox"/>	1.18 Fees ( Issue )													
<input type="checkbox"/>	Other _____													
<input type="checkbox"/>	Credit													